2003 Public Opinion Survey

Final Report

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Cancer Care Nova Scotia
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Introduction

Cancer Care Nova Scotia (*CCNS*) is a program of the Department of Health that was established in September 1998. The primary function of *CCNS* is to strengthen the cancer care system in Nova Scotia through the coordination, integration, and evaluation of cancer services and programs.

To support their activities and to evaluate progress in the cancer care system in the province, *CCNS* requires regular and current information regarding Nova Scotians' opinions on the delivery of cancer care. Within this context, *CCNS* commissioned a baseline study in November 2000 to measure the public's perception of and experiences with cancer care in the province, as well as awareness of *CCNS* and its objectives and activities. Tracking information on many of the same measures was collected again in 2001 through CRA's syndicated study, the *Atlantic Omnibus Survey*. The current study was commissioned to track progress against the benchmarks established in 2000. In addition, adjustments were made to the survey design that reflected current issues.

This report presents the key findings from *Cancer Care Nova Scotia*'s 2003 Public Opinion Survey and includes comparison with previous results where appropriate. The overall objective of this study was to gain a better understanding of the public's view of issues related to cancer prevention and treatment. More specifically, the survey focused on understanding:

- The public's expectations and experiences regarding cancer care available in the province;
- Public confidence in the cancer care system and the quality of care provided; and
- Public awareness and perceptions of *CCNS*'s objectives and activities.

The current survey consisted of telephone interviews with a representative sample of 1,007 Nova Scotians (18 years and older), conducted between January 31 and February 13, 2003. The sample was stratified across the province's nine District Health Authorities to ensure adequate sub-samples for regional comparisons, with the overall provincial results weighted to ensure they reflect the true distribution of the population. An overall sample of this size drawn from the population would be expected to provide results accurate within plus or minus 4.9 percentage points in 19 out of 20 samples.

The following report outlines the key findings of the survey including an executive summary, conclusions, and detailed findings. Included at the end of this report is a copy of the Questionnaire (Appendix A) and comprehensive Tabular Results (Appendix B), which present the results for each survey question by key demographic sub-groups (e.g., age group) and district health authority. The tables are denoted by number in the report (e.g., Table 7) for easy reference.

Except where noted, all results are presented in percentages and have been rounded to the nearest whole number (in some cases, the total percentage may not add up exactly to 100 percent). In Tabular Results, the line marked "Sample" at the bottom of each table indicates the number of persons who responded to that particular survey question.

Executive Summary

The results of the **2003 Public Opinion Survey** for *Cancer Care Nova Scotia* indicate that public perception of the quality of cancer care in the province, as well as confidence in cancer care at the community level, has improved somewhat relative to findings from two years ago. There has also been some improvement in perception of health care in general and local level health care services. Altogether, these improving perceptions suggest that there may be some rebuilding of confidence in Nova Scotia's health care system. Having said this, Nova Scotians' expectations with respect to various aspects of cancer care in the province remain high, and for the most part there has not been any notable change in how well these expectations are being met.

Nova Scotians continue to hold the highest expectations with respect to early detection and diagnosis of cancer. This is not surprising given the implications of early detection and diagnosis on patient outcomes. Most Nova Scotians who have had either a direct or an indirect experience with the cancer care system remain less than completely satisfied with this component of care. For many Nova Scotians expectations are also not being met with respect to the availability of financial assistance programs, effectiveness of coordination among health professionals involved in the cancer, information on specific cancer sites, treatment availability close to home, and access to palliative care services. At the same time, expectations are more effectively being met with respect to the involvement of family physicians in the treatment process and access to local support groups.

Cancer continues to be a top-of-mind health consideration for Nova Scotians, which is not surprising given that most have been touched either directly or indirectly by this disease. Nova Scotians are aware of various contributors to cancer, especially smoking, but also of other lifestyle and environmental factors. Of note, mentions of smoking have increased relative to two years ago, which may be reflective of the recent attention to smoking by-laws in Nova Scotia. With respect to their own personal health behaviours, most reported taking some type of action in the past year to reduce their personal chances of getting cancer, most frequently of which were attention to diet and exercise.

Reported participation in preventative cancer screening varies substantially by type of cancer screening. Breast examinations by a health professional, Pap tests, and mammograms have the highest participation rates, with at least six in ten women in the relevant age groups reporting participating in these screening activities. Participation in prostate cancer screening is somewhat lower, with less than one-half of men in the relevant age group reported having been tested for prostate cancer. Colorectal cancer screening has lower participation rates, with four in ten men and less than two in ten women aged 50 to 74 reporting having been screened for colorectal cancer in the past two years.

Family physicians continue to be the primary source for obtaining information after a diagnosis. Cancer patients and their families rely heavily on their family physician as they journey through the cancer care system, and most are satisfied with the information they received. The Internet is also growing in importance as an information source for cancer related issues.

Awareness of *CCNS*'s Patient Navigators is somewhat low, which is not surprising given that the Patient Navigator Program is still in its initial phase. However, among those who have some familiarity with Patient Navigators, perceptions are positive.

Finally, there continues to be a moderate level of awareness of *CCNS*. This suggests that, in order to increase the public awareness of *CCNS* as an organization whose function is to strengthen the cancer care system, *CCNS* must more actively promote its role to the public. However, this is not consistent with the organization's mandate or function. In this regard, it is positive to note that awareness of *CCNS* has increased significantly since 2000 in all three DHAs where Patient Navigators have been put in place. By emphasizing its role in local activities such as the Patient Navigation Program, *CCNS* can keep the public well-informed of its roles in cancer care in the province. By doing so, *CCNS* can make people diagnosed with cancer more aware of where to turn for assistance.

Conclusions

The following conclusions have been drawn from the findings of the **2003 Public Opinion Survey**:

- ***Nova Scotians' opinions of the overall quality of their province's health care system remains mixed, but have improved slightly compared with two years ago.***

  Public confidence in the health care system has undergone dramatic erosion since the early 1990s. Thus, it is no surprise in the current study to learn that less than half of residents assign positive evaluations to the overall quality of the health care system. On a positive note, however, there has been some rebound with residents being slightly more likely to hold a positive opinion of health care at the current time than two years ago. This might be reflective of the recent attention on health care and the reported infusion of dollars into the health care system. Continuous tracking will determine if this trend continues.

- ***Perceptions of care at the community level are generally positive.***

  It is important to note that quality of care and access to services locally are viewed more positively than provincial health care. This indicates that despite a lack of faith in the broader health care system, residents' direct experiences in their community are generally positive. Moreover, positive experiences at the community level are somewhat more common than two years ago.

- ***Cancer, followed by cardiovascular disease, continues to be considered the greatest health threat to Nova Scotians.***

  The public's perception of health concerns continues to validate the attention given to cancer care in the province. Cancer continues to be the most commonly identified threat to health. Indeed, residents are six times more likely to mention cancer as the foremost threat to the health of Nova Scotians than any other health concern. This is not altogether surprising given the vast majority report having had direct or indirect experience with cancer.

- ***Knowledge of cancer-causing agents is evident among the public, with many taking proactive approaches to reduce their personal risks.***

  When asked, Nova Scotians identified a number of cancer-causing agents. Not surprisingly, smoking was most frequently identified, indicating that it is most clearly associated with cancer. It is of interest to note that slightly more residents mentioned smoking as a cancer-causing agent during the current study than two years ago, suggesting that Nova Scotians are increasingly cognizant of the risks of smoking. This is in keeping with the reported decline in smoking rates for Nova Scotia over the last couple of years.

Even though smoking is clearly viewed as the predominant cause of cancer, other potential causes are also recognized including diet, exercise, and environmental pollution. In fact, when asked what they had personally done to reduce their chances of getting cancer, close to half mentioned taking care in what they eat and a quarter mentioned exercise, suggesting that these are potential contributors to cancer that people perceive to be under their control. In contrast, few mentioned they had avoided environmental pollution, suggesting that they see this as something beyond their control. Altogether, a quarter of residents report doing nothing or feeling that nothing can be done to reduce their chances of getting cancer.

- ***Participation in preventative cancer screening varies substantially by type of cancer.***

Preventative cancer screening is available for several types of cancer in the province. While the recommendations regarding screening for different types of cancer can be complex, in this study we collected general indicators based on age and gender and they should be considered as such. For women, three screening activities or tests are generally recommended, namely breast examinations, Pap tests, and mammograms. With seven in ten women reporting receiving breast examinations in the past year this is the most widely received preventative cancer screening. Pap tests are recommended for women on an annual basis and two-thirds of women reported having received a Pap test in the past year. While mammograms are recommended for women aged 50 to 69 with those aged 40 to 49 being accepted by physician referral, for the purposes of this study we asked all women aged 40 to 69 whether they had a mammogram in the past two years. Six in ten women within this population reported receiving a mammogram in this time frame.

Current prostate cancer screening recommendations encourage men over the age of forty to make informed decisions about their participation in screening after discussing the benefits and risks with their health care provider.[1] Forty-five percent of men in this age group reported having participated in annual screening for prostate cancer.

Finally, colorectal cancer screening is recommended for both men and women between the ages of 50 and 74 every two years. Only four in ten men and less than two in ten women reported having had colorectal screening in the past two years. This lower participation rate may be as expected given the very recent adoption of national recommendations for colorectal cancer screening guidelines in Canada and limited promotion of these guidelines to date.

- ***Family doctors continue to be identified as important cancer information sources.***

Many of those who have had either a direct or an indirect experience with cancer continue to identify their family physician as their primary information source. Saying that, the results of this study suggest the Internet is growing as a vehicle for obtaining information on cancer. In

[1] Current recommendations are that men over age 50 discuss prostate cancer screening with their physicians. Men of African heritage and men who have a family history of prostate cancer are encouraged to have this discussion starting at age 40. For more information please see the *Cancer Care Nova Scotia* Position Statement on the Early Detection of Prostate Cancer available on the Website www.cancercare.ns.ca/publications

particular, younger individuals and those with higher education are more inclined to go online to obtain cancer information.

For the most part, those who have received information pertaining to a cancer diagnosis are satisfied with the information they received. However, there is a small proportion of the population who expressed dissatisfaction with the information they received, with most identifying the type or amount of information provided to be insufficient.

- ***Public opinion regarding the quality of cancer care in Nova Scotia is more favourable than that for health care in general and has improved slightly compared with opinions held two years ago.***

With the mixed opinions of health care in general, it is not surprising that opinions of cancer care specifically are also mixed. Having said that, opinions of cancer care are comparatively more favourable. In addition, perception of the quality of cancer care has manifested some improvements relative to two years ago. Currently, close to six in ten rate the quality of cancer care as excellent or good, and seven in ten feel the quality of cancer care is the same or better than two years ago.

- ***Nova Scotians' confidence is growing with respect to their ability to gain access to quality cancer care and services locally.***

The public is becoming more confident with the local community health system providing cancer services. Their confidence is especially growing with respect to their ability to access cancer care services and the quality of care available at the community level. There has also been a slight increase in the public's confidence in terms of the early detection and diagnosis of cancer, as well as their access to cancer specialists.

- ***The extent to which patients and family members' expectations are being met have for the most part remained stable over the past two years.***

In consideration of the life threatening nature of and the emotions associated with learning you or someone important to you has cancer, it is not surprising that patients and family members generally consider a number of aspects of care to be critically important. In particular, the early detection and diagnosis of cancer obviously has the greatest impact on outcomes for patients, and thus, the high expectations of patients in this regard are understandable. At the same time, Nova Scotians who have had either a direct or an indirect experience with cancer continue to be mostly less than satisfied with the detection and diagnosis stage of their journey with cancer.

To a lesser extent, residents who have journeyed the cancer care system also expressed being less than satisfied with other aspects of care including availability of financial assistance programs, effectiveness of coordination among health professionals involved in the cancer, information on specific cancer sites, treatment availability close to home, and access to palliative care services.

Patients and family members also have high expectations regarding the involvement of family physicians in the treatment process, but remain relatively more satisfied in this area. It is interesting to note that access to local support groups is one area viewed as critically important by fewer patients and family members. However, among the one-half that do view it as critically important, few are completely satisfied.

- ***Awareness of Patient Navigators is limited, however, this service is viewed positively among those who have direct or indirect experience with this resource.***

As the Patient Navigation Program is in its early stages, it is not surprising to learn that awareness of Patient Navigators is quite low and the measure obtained in this study should be seen as a benchmark. While there is some reported awareness across the entire province, awareness is highest in the three districts where the program has been implemented to date. It is positive to note that those who have had some exposure to the program view it in a favorable light.

- ***Public awareness of CCNS is marginal, and the public has difficulty in articulating the function of CCNS.***

Virtually all Nova Scotians have heard of and are familiar with the Canadian Cancer Society, which is not surprising given the long history of this organization. However, substantially fewer are familiar with *CCNS*. While this is in part explained by the shorter history of *CCNS*, current awareness of *CCNS* is at the same level as it was two years ago. Of note, however, awareness of *CCNS* has increased significantly in the three districts that have Patient Navigators. This suggests that this local level presence is a positive contributor to the awareness of *CCNS* as a distinct organization providing cancer care services.

- ***There continues to be strong support for the various roles of CCNS.***

CCNS has a number of specific roles pertaining to prevention, detection, and treatment of cancer. There are high levels of support for each of these roles, with at least two-thirds of Nova Scotians indicating each role was critically important. This is reflective of public support for *CCNS*'s mandate and the public's perception of cancer care in the province. In light of the importance placed on *CCNS*'s multi-faceted mandate, it is positive to note that most hold favourable opinions of *CCNS* itself, despite less favourable opinions of the overall quality of cancer care in Nova Scotia.

Detailed Analysis

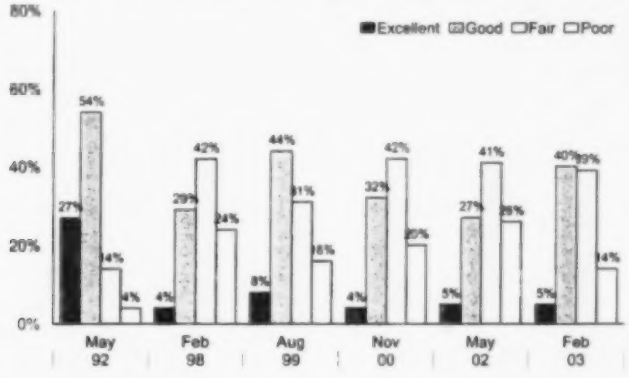
Quality of Health Care in Nova Scotia

Nova Scotians' opinions of the overall quality of their province's health care system remains mixed, but have improved slightly compared with two years ago.

The public's perception of and their level of confidence with the health care system can be measured by how they rate the province's health care system overall. Given that the diagnosis and subsequent care of those with cancer fall within the realm of the health care system, it is important to understand the public's level of confidence with the current health care system.

Nova Scotians continue to be split in perceptions of health care in the province, with most expressing opinions in the middle range. More specifically, four in ten (40%) rate the province's health care as good, while the same proportion (39%) rate it as fair. In contrast, only 5 percent believe the system to be excellent, and at the other extreme, 14 percent rate it as poor. On a positive note, perceptions of health care have improved somewhat over the past two years, with more residents rating health care positively (excellent or good) currently (45%) than in November of 2000 (36%), or even compared with nine months ago (May 2002, 32%). Those most likely to provide a positive rating (good or excellent) include males, residents of Guysborough Antigonish and Strait DHA and Capital Health DHA, those with at least some post-secondary training, and those with household incomes of $25K and higher. (Table 2)

Overall Quality of Health Care in Nova Scotia

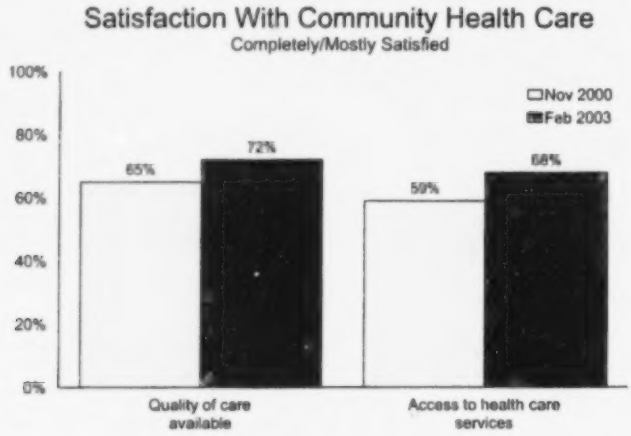


Since 1992, CRA has periodically measured how the public rates the overall quality of health care in the province through its quarterly *Atlantic Omnibus Survey*. Analysis of this data since 1992 shows a significant decline in the public's confidence in the health care system, with the percentage rating it as excellent or good declining from 81 percent to 45 percent since this time. The current findings suggest perceptions have rebounded slightly with the increase in positive perceptions noted during this survey compared with recent surveys.

Quality of Health Care at the Community Level

Perceptions of care at the community level are generally positive.

At the community level, perceptions have remained comparatively more positive relative to perceptions for the province overall. In addition, there has been an increase in positive perception since November 2000. Seven in ten residents (72%) are completely or mostly satisfied with the quality of care available in their community, compared with two-thirds (65%) in November 2000. Satisfaction with this aspect of health care is currently most prevalent among those with household incomes of $25K and higher and residents in South Shore DHA and Guysborough Antigonish and Strait DHA. (Table 3a)

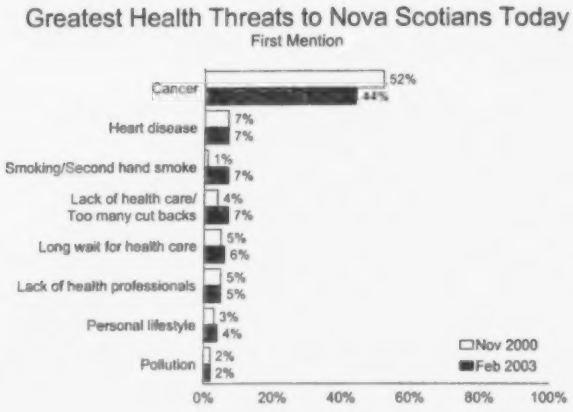


Seven in ten residents (68%) are satisfied with their ability to access health care services when required, up from six in ten (59%) two years ago. Residents aged 35 to 54 continue to be the least likely to be satisfied with this aspect of community health care provision. Although variations were minimal across districts, residents in South Shore DHA and Guysborough Antigonish and Strait DHA are the most likely to be satisfied with access to health care services. (Table 3b)

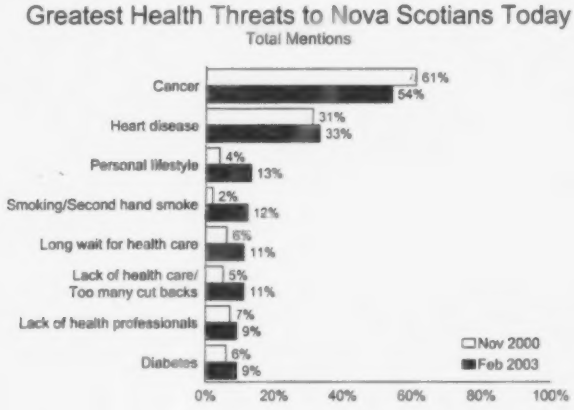
Threats to Health

Cancer, followed by cardiovascular disease, continues to be considered the greatest health threat to Nova Scotians.

Respondents were asked to identify (unprompted) the greatest threats to the health of Nova Scotians today in terms of disease or illness in order to ascertain perceptions of cancer relative to other health problems. Cancer is again the major "top-of-mind" health threat among Nova Scotians, with 44 percent naming cancer first as the greatest health threat. This represents a slight decrease from November 2000, however it is still substantially higher than the next most common first mentions (heart disease, smoking/second-hand smoke, and lack of health care), each of which were mentioned first by 7 percent. (Table 4)



When considering all mentions, cancer still ranks as number one, with heart disease a distant second. While cancer is the most commonly identified threat across all subgroups, it is more prevalently identified as the greatest threat by residents less than 55 years of age compared with older residents. Additionally, although residents in Annapolis Valley DHA are least likely to identify cancer as the greatest threat than residents in other districts, it was still the number one mentioned threat in that district. (Table 4)



Consistent with November 2000 findings, the next largest area of health concern is heart disease, mentioned by one-third of the public. Beyond this, residents cited a number of factors that may *contribute* to illness or disease including personal lifestyle, second-hand smoke, long waits for health care, cutbacks, and lack of health professionals. The next most commonly identified illness was diabetes, which was identified by one in ten residents.

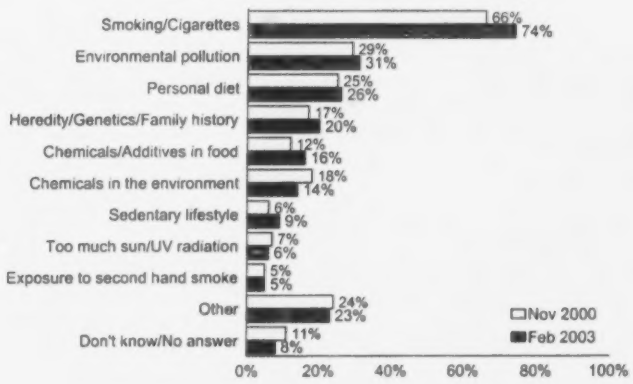
Perceived Causes of Cancer and Preventative Measures

Knowledge of cancer-causing agents is evident among the public, with many taking proactive approaches to reduce their personal risks.

It appears that the relationship between smoking and cancer is even clearer to Nova Scotians than it was two years ago. When asked what the main causes of cancer are today, three-quarters (74%) identified smoking/cigarettes, up from two-thirds (66%) in November 2000. (Table 5)

Similar to previous findings, smoking is perceived as the predominant cause of cancer across all subgroups. Having said that, there are some demographic segments that identify smoking as a cancer-causing agent more frequently. More specifically, smoking is more apt to be considered a cancer-causing agent among those with at least a high school education, and there is a relationship with household income and age, with those having higher household incomes and younger residents being more apt to identify smoking as a primary causal factor in cancer.

Main Causes of Cancer Today



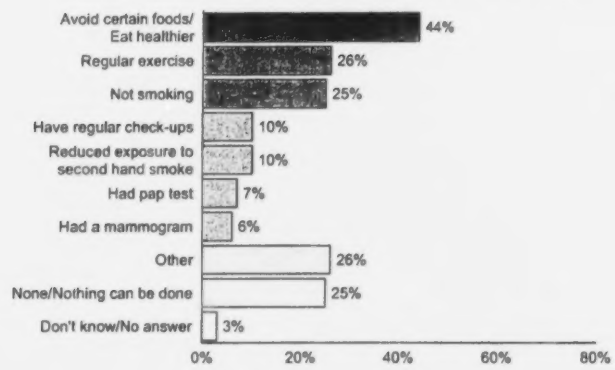
Having said that, Nova Scotians perceive there to be a number of other factors that contribute to cancer, although there is no other risk factor as predominant as smoking. The other factors identified are similar to those identified in the previous study. Three in ten again identified environmental pollution (31%, up 2 percentage points), while another 14 (down 4 points) percent mentioned chemicals in the environment. Two in ten cited heredity or genetics (20%, up 3 points). Lifestyle factors such as personal diet (26%, up 1 point), food additives (16%, up 4 points), UV exposure (6%, down 1 point), and a sedentary lifestyle (9%, up 3 points) were also viewed as contributing factors. Altogether, it is interesting to note residents were generally more likely to identify *various* cancer-causing agents as education and income increased.

In the current study, residents were asked specifically what steps or actions they have <u>personally</u> taken to prevent or reduce their chances of getting cancer. Of interest, the most predominant action residents reported taking in the past year was avoiding certain foods or eating healthier, with just under one-half (44%) indicating they had done so. Another one-quarter identified regular

exercise (26%). One-quarter also indicated they quit smoking or they did not smoke (25%), while one in ten reported avoiding second-hand smoke. While the number of residents reporting their personal behaviour involved reducing smoke exposure is somewhat surprising given that a higher proportion of residents view smoking as a cancer-causing agent, this is likely due in part to smoking not being top-of-mind for those who currently do not smoke. Small proportions reported that they had regular check-ups or specific cancer screening tests. (Table 6)

It is of concern that one-quarter of residents indicated they have done nothing or that nothing can be done to prevent or reduce their chance of getting cancer. This suggests that a notable proportion feel preventing or reducing their chance of getting cancer is out of their control, despite being knowledgeable about its causes.

Personal Steps Taken in Past Year to Prevent/Reduce Chance of Getting Cancer



There are some notable variations in the personal actions taken to prevent or reduce the chance of getting cancer. Residents under the age of 35 are more likely to report not smoking or quitting smoking in the past year more than any other action, and are twice as likely to do so than older residents. Men are also more likely than women to report quitting or not smoking. Residents aged 35 and older are more likely to report avoiding foods that may be cancer-causing or eating healthier than are younger residents. Women and residents with post-secondary qualifications are more likely to report avoiding certain foods or eating healthier and to start or continuing to exercise regularly.

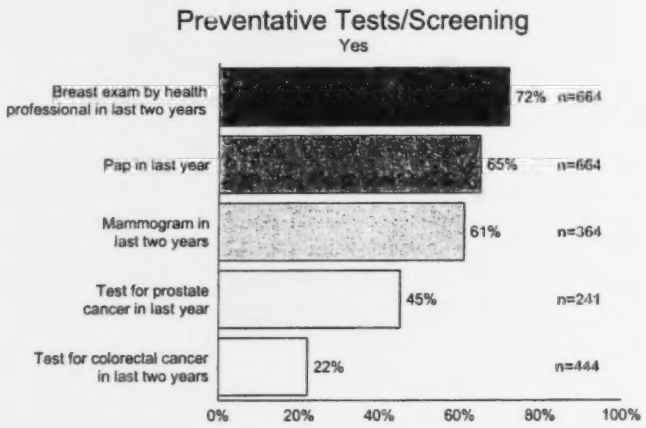
Preventative Cancer Screening

Participation in preventative cancer screening varies substantially by type of cancer.

Preventative cancer screening is available for several types of cancer including breast, cervical, prostate, and colorectal cancers. The recommendations for each type of screening are based on complex considerations. These include things like the age range for whom the screening method is most effective, increased risk within certain populations for specific cancers, and the frequency

with which individuals from the general population and those at higher risk should be screened. There are organized cancer screening programs for some types of cancers, while screening for other types is less organized. The questions used in this survey were intended to collect general indicators of participation in screening and so encouraged responses from as broad a population as the recommendations would allow. Care should be taken when interpreting these responses as this survey captures self-reported participation in screening and research has shown that people tend to underestimate the time since their last screening.

In order to provide a general indicator of the extent to which Nova Scotians are following the recommended guidelines for preventative cancer tests and screening, residents were asked whether they had undertaken specific tests, depending on whether the test was recommended for their gender and age group. The findings suggest that **breast examinations** have the most widespread uptake, with seven in ten (72%) women reporting availing of the test in the last two years, consistent with the recommended guideline. Importantly, women with household incomes of $25K or more, those aged 35 to 54, and those with post-secondary qualifications are more likely to report having a breast exam by a health professional in the past two years. Across districts, women in Cumberland DHA were the least likely to report having a breast exam done by a health professional in the past two years. (Table 7d)



Two-thirds (65%) of women reported having had a **Pap test** in the last year, as per the recommendation of once per year. Again, women with household incomes of $25K or more are more likely to report having a Pap test in the past year. The likelihood of having a Pap test also increases with education level and is greater among women under the age of 55. Considering the districts, women in Colchester East Hants DHA and Cumberland DHA are the least likely to report having a Pap test in the past year. Of note, according to provincial cancer screening statistics, the rate of participation in Pap tests in 2001 was 41%, suggesting that people do tend to underestimate the time since their last screening. (Table 7a)

Mammograms are recommended for women aged 50 to 69, with women aged 40 to 49 being accepted by physician referral. Rescreening is recommended every two years if the previous

screen was normal or as determined by a physician. The results indicate that six in ten women in this age group reported having a mammogram in the past two years. As would be expected, this is most likely to be the case among those aged 50 to 69 (73%) than those aged 40 to 49 (27%). Interestingly, participation is also higher among those in the middle-income category. There is also some variation across districts, with women in Southwest Nova DHA being the least likely to report having a mammogram in the past two years, and those in Pictou County DHA being the most likely to report having a mammogram in the past two years. The Nova Scotia Breast Screening Program reports a provincial screening rate of 40% in women over 40 in 2001. (Table 7c)

A test for the early detection **of prostate cancer** is available on an annual basis for men over the age of forty.[2] Less than one-half (45%) of this population reported actually having the test within the last year. The level of participation is higher among men 50 years of age and older than those aged 40 to 49 (52% versus 26%), which is not surprising given that prostate cancer screening is only recommended for men under the age of 50 with certain key risk factors. Reported participation is also higher among men in South Shore and Annapolis Valley DHAs. (Table 7b)

Finally, national recommendations for **screening for colorectal cancer** have been recently adopted, although widespread promotion of the recommendations has not yet occurred. The screening is recommended for men and women between the ages of 50 and 74 every two years. However, only a minority of residents in this age group report having the test as per the recommendation, which is not altogether surprising given the recent adoption of the recommendation. More specifically, one in five (22%) report having a test for colorectal cancer within the past two years. The proportion of men (38%) who report having a test for colorectal cancer in the past two years is higher than the proportion of women (14%) who have done so. Those with household incomes of $50K or more are also more likely (36%) to report having a test for colorectal cancer in the past two years than those with lower household incomes (19%). (Table 7e)

Quality of Cancer Care in Nova Scotia

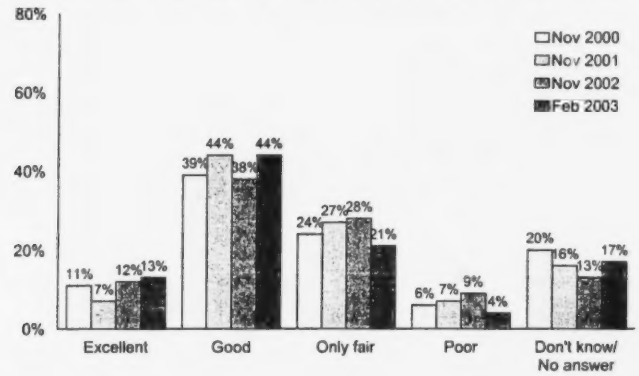
Public opinion regarding the quality of cancer care in Nova Scotia is more favourable than that for health care in general and has improved slightly compared with opinions held two years ago.

As the public's perception and level of confidence in the health care system can be measured through how they rate the province's health care system overall, so too can their perception and level of confidence in the province's cancer care system. Residents' views of the quality of cancer care in the province have changed marginally over the past two years. Close to six in ten residents view the quality of cancer care as excellent (13%) or good (44%), compared with one-half who

[2] Current recommendations are that men over 50 discuss prostate cancer screening with their physicians. Men of African heritage and men who have a family history of prostate cancer are encouraged to have this discussion starting at age 40. For more information please see the Cancer Care Nova Scotia Position Statement on the Early Detection of Prostate Cancer available on the Website www.cancercare.ns.ca/publications

rated it as excellent (11%) or good (39%) in November 2000. Conversely, currently one-quarter considers the quality of cancer care to be only fair (21%) or poor (4%), compared with three in ten who considered it to be only fair (24%) or poor (6%) in November 2000. Two in ten residents continue to have no definite opinion on this public matter (17%, down 3 points since November 2000). (Table 8)

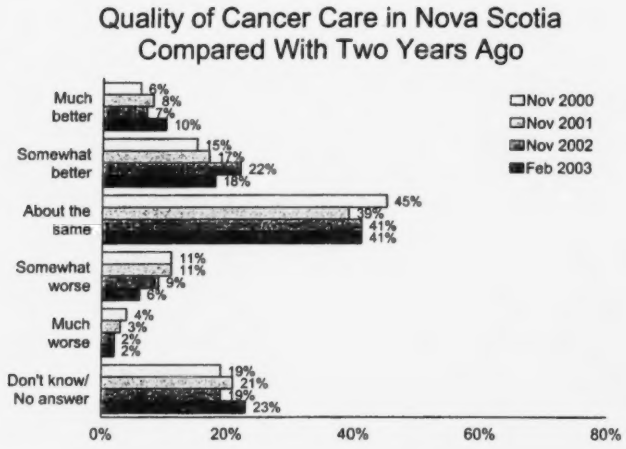
Overall Quality of Cancer Care in Nova Scotia



Perception of the overall quality of cancer care in Nova Scotia is generally consistent across most demographic subgroups. However, there is some notable variation across districts, with residents in South Shore, Pictou County, and Cape Breton DHAs more apt to hold positive views of cancer care in Nova Scotia.

Consistent with the previous study, perceptions of quality of cancer care are in keeping with perceptions of quality of health care overall. Those who rate the quality of overall health care in a positive manner are also more apt to rate the quality of cancer care in the same manner (69%), while a smaller proportion of those with a less favourable impression of health care (48%) rate cancer care in a positive manner.

A significant minority of residents (41%) continue to perceive the quality of cancer care in Nova Scotia as unchanged from two years ago. This compares with 45 percent who held a similar opinion in November 2000. Three in ten consider the quality of cancer care to be much (10%) or somewhat (18%) better than it was two years ago. This represents an increase since November 2000 when two in ten residents described the quality of cancer care as much (6%) or somewhat (15%) better than it was two years ago. Less than one in ten residents consider the quality of cancer care to be somewhat (6%) or much (2%) worse than two years ago, down from the 15 percent who held the same opinion in November 2000. A notable proportion (23%, compared with 19% in November 2000) continues to not state a definite opinion on this matter. (Table 9)



Residents of Cape Breton DHA continue to be more likely than residents in other districts to consider the quality of cancer care as better than two years ago. This opinion is also more likely to be held by women, those without post-secondary qualifications, and those with lower household incomes.

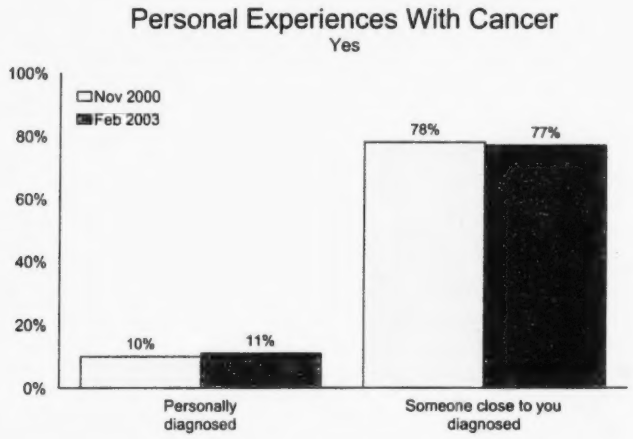
Nova Scotians who feel that the quality of cancer care is now better than two years ago attribute this to a number of different reasons. There is a perception of a general increase in awareness and knowledge (35%) more so than in November 2000 (9%). Advances in the treatment of cancer care and early detection (31%) continues to be a predominant reason, similar to two years ago (30%). One-quarter also feels there is better access to health care, up from 15 percent in November 2000. In contrast, fewer (22%) identified better technology than two years ago (34%). More research was identified by more than one in ten (15%), compared with 7 percent two years ago. Quality of patient care and increased support and palliative care was identified by 10 percent (up from 3%). (Table 10a)

Of those who thought the quality of cancer care is now worse, the majority identified access to services and treatment for this decline. More specifically, long waiting periods were viewed as the primary reason for this decline by more than six in ten residents (63%), up significantly from the 45 percent who cited this reason in November 2000. Interestingly, fewer residents specifically identified cutbacks in services/hospitals currently (13%) than did two years ago (27%). Lack of cancer specialists was identified by 15 percent, slightly lower than 21 percent in November 2000. Similar to November 2000, a variety of other reasons were identified including doctors moving out of the province (10%) and lack of doctors (10%). Of particular interest, one in ten residents identified increasing cancer rates as the reason for the quality of cancer care deteriorating, which was previously unrecorded. (Table 10b)

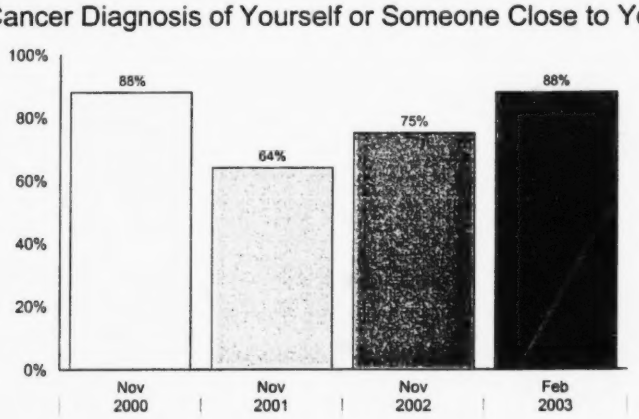
Personal Experience With Cancer

The majority of Nova Scotians have been touched either directly or indirectly by cancer.

Similar to the November 2000 study, one in ten (11%, up 1 percentage) Nova Scotians reported they had been diagnosed with cancer at some time. Also similar to November 2000 findings, the majority of Nova Scotians who have not been personally diagnosed has had someone close to them diagnosed with cancer (77%, down 1 percentage point). (Table 11,12)



Among those who indicated that someone close to them has been diagnosed with cancer, four in ten (41%) reported this person to be their mother or father, while three in ten (28%) identified an aunt or uncle. Friends (25%), siblings (16%), and grandparents (14%) were also frequently identified as receiving a cancer diagnosis. Spouses/partners were identified by 9 percent. No other person was identified by more than 7 percent. (Table 13)



Residents who had been personally diagnosed with cancer or had someone close to them diagnosed with cancer were asked to indicate the time of the diagnosis. Only a small proportion had been personally diagnosed (16%) or had a family member diagnosed (12%) prior to 1980. One-quarter (26%) was personally diagnosed between 1981 and 1997, while three in ten (30%) of the diagnoses of family members occurred during the same time frame. Three in ten (28%) were personally diagnosed more recently between 1998 and 2000, while a slightly lower proportion of the diagnoses of family members (19%) occurred during that time. About two in ten of both personal diagnoses (19%) and diagnoses of family members (21%) have occurred in the past two years, from 2001 onward. (Tables 14a and 14b)

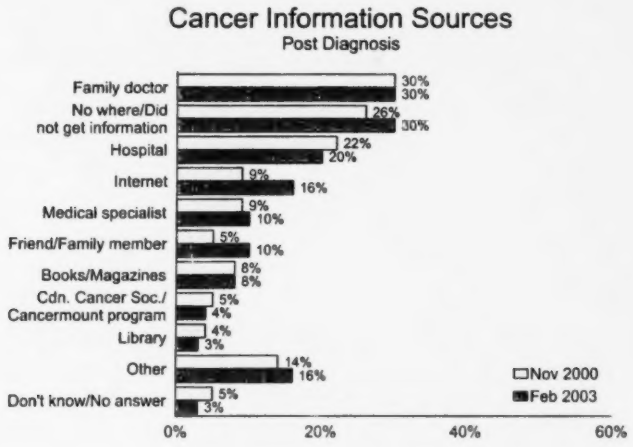
Those who had received a personal diagnosis of cancer were asked what type of treatment, if any, they had. Similar to November 2000 findings, the vast majority (75%, up 5 percentage points) underwent a surgical procedure, while one-quarter received radiation therapy (27%, up 2 points). Two in ten (21%, up 3 points) underwent chemotherapy. A variety of other treatments were also received including medications (5%), biopsy (3%), and laser treatment (3%). Four percent (down 2 points) reported not receiving treatment to date. (Table 15)

Similar to November 2000, one in ten residents who have had cancer (11%, down 2 points) who participated in this study were currently receiving some form of treatment. This is perhaps surprising given the toll associated with active treatment, but testimony to the value they placed on participating in a survey regarding cancer care in the province. (Table 16)

Information Sources

Family doctors continue to be identified as important cancer information sources.

Once diagnosed, cancer patients in Nova Scotia continue to rely heavily on the medical system to provide them with information. In keeping with the findings of the Public Opinion Survey conducted in November 2000, of those with a direct or an indirect cancer experience, three in ten (30%) reported receiving information from family doctors, while two in ten (20%) received information from the hospital. Across the demographics, there was variation in the information sources accessed. Women were more inclined to rely on family doctors for advice, as did those with some post secondary education. (Table 17)



It is worth noting that the Internet has grown slightly as an information source. Indeed, 16 percent report going online to obtain cancer information, which is up from 9 percent in 2000. As Internet usage is heavily related to education and income, it is not surprising to learn that those with a high school education or greater and those with higher household incomes are more apt to report going online to obtain information. Likewise, using the Internet as a cancer information source is more prominent among the younger age groups.

Other less frequently mentioned information sources included: friends/family (10%), medical specialists (10%), books/magazines (8%), and the Canadian Cancer Society (4%). No other information source was identified by more than 3 percent.

The proportion of respondents reporting they did not receive any information remains steady year-over-year, with three in ten respondents (30%) reporting not receiving any information. This finding is particularly evident among those with high school education or less, males, those under the age of 55, and those with lower household incomes. It is important to note, however, that those who have been personally diagnosed with cancer are more likely to report receiving information. More specifically, more than eight in ten (84%) respondents who had been personally diagnosed reported receiving information from at least one source compared with two-thirds (65%) of those who have had a friend or family member diagnosed. Moreover, among those personally diagnosed with cancer, the proportion reporting they received information is affected by the length of time since diagnosis. For example, two-thirds (68%) of patients diagnosed prior to 1980 reported receiving information from at least one source compared with more than eight in ten (84%) of patients diagnosed since 2001.

Among those who received information on cancer, the majority was satisfied with the material, with nine in ten reporting to be completely (33%) or mostly (56%) satisfied. In contrast, the remainder was dissatisfied (7%) or had no definite opinion either way (5%). It is interesting to

note that while these findings are consistent with those of November 2000, there has been a slight increase in the number of respondents who report being mostly satisfied (56% in 2003 compared with 48% in 2000). (Table 18)

Although satisfaction was high across population segments, there was some variation among the household income category, with those whose household income was greater than $50K being slightly more satisfied. No other significant demographic variations were evident.

Respondents who reported being less than satisfied with the information they received were asked to indicate their reasons for this dissatisfaction. The majority of these respondents had difficulty with either the kind or amount of information they were given. More specifically, four in ten (39%) felt the information provided did not answer their questions, while close to one-quarter (23%) felt they did not receive sufficient information. (Table 19)

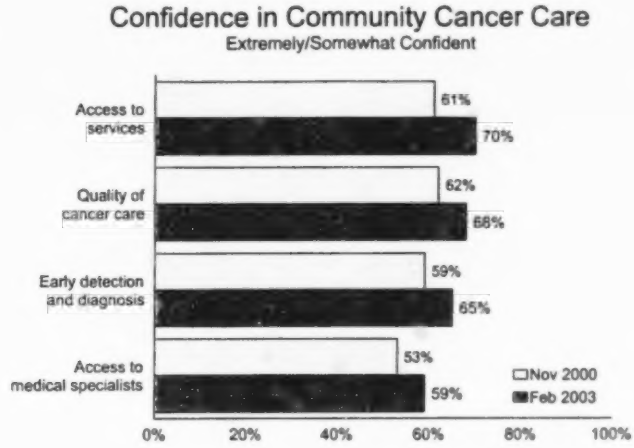
Across the demographics, men and those with household incomes less than $50K were more apt to report that the information they received did not adequately address their questions. In contrast, women, those whose household income was in excess of $50K, and those over the age of 35 were more likely to report receiving insufficient information.

Other less frequently mentioned reasons provided for the lack of satisfaction with the information provided include untimely information/was too late (14%), diagnosis was too late (12%), and not being able to find information on a specific cancer type (9%). No other single response was identified by more than 3 percent.

Diagnosis and Treatment of Cancer Care

Nova Scotians' confidence is growing with respect to their ability to gain access to quality cancer care and services locally.

The majority of Nova Scotians continue to exhibit confidence in their ability to access quality cancer care in their communities. Indeed, there has been somewhat of an increase in confidence with all four aspects of cancer care measured. Currently, seven in ten residents indicate they are extremely or somewhat confident with access to services (70%) and quality of cancer care (68%). Two-thirds (65%) are confident in early detection and diagnosis, while six in ten (59%) are confident in their ability to access medical specialists. (Table 20a-d)



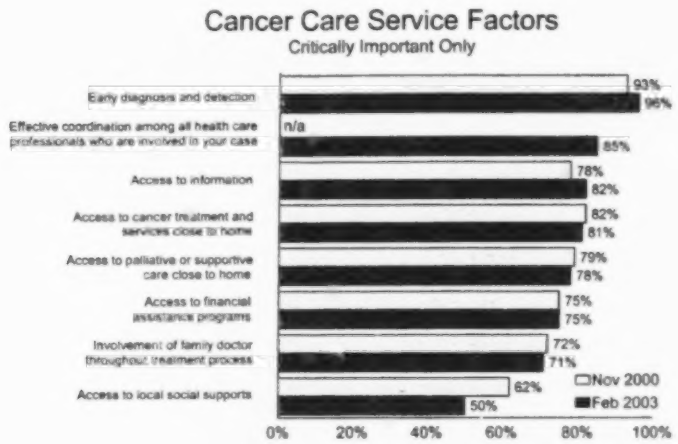
While confidence with the various aspects of local cancer care has increased, there are demographic variations worth noting among the individual District Health Authorities. In keeping with the findings of November 2000, residents of Cumberland DHA show less confidence in the aspects of local cancer care. For instance, residents in this district exhibit less confidence in their access to medical specialists and the quality of cancer care available locally. Residents of Cumberland DHA are also less confident that they will be able to access cancer care services when required and that the incidences of cancer will be detected and diagnosed. Similarly, residents of Southwest Nova DHA also exhibit lower levels of confidence with respect to detection and diagnosis and access to cancer care services. In contrast, residents of South Shore DHA are more likely to be confident that they are able to access cancer care services and consult medical specialists when needed.

In terms of the other demographic categories, it is interesting to note that respondents 34 years and younger are more likely to show confidence in their ability to access cancer services when needed, while those aged 55 and older are more inclined to show confidence in their ability to access specialists. With respect to detection and diagnosis, those 35 years and older, as well as those whose household income is $25K or greater are more likely to have confidence in this area of treatment. In terms of quality of local care, those with at least some post-secondary education are more inclined to display confidence in this area.

Cancer Care Service Factors

The overwhelming majority continues to identify early diagnosis and detection as the most critically important component of cancer care.

Respondents were asked what factors they considered to be critically important in the delivery of cancer care. As in 2000, all factors presented were considered important, with the majority (96%) identifying **early diagnosis and detection** as the most critical service factor in cancer care. (Table 21a)



Having **effective coordination among all health care professionals** (85%), **obtaining information on specific cancer types and treatment options** (82%), **access to cancer treatment and services close to their homes** (81%), **local access to palliative and supportive care** (78%), **being informed of financial assistance programs** (75%), and **having family physicians involved in the treatment process** (71%) also continue to be identified as important factors in the provision of cancer care. (Tables 21h, d, f, g, e, and b)

In comparison with the other components of cancer care presented, **access to local social supports, like support groups** (50%), is perceived to be of lesser value, even less so than in the previous study. However, women, those with less than high school education, and those whose household income is less than $25K tend to attach greater importance to this element of care. (Table 21c)

It is interesting to note women are more likely to consider the involvement of the family doctor, access to financial assistance, access to palliative care and supportive care, along with the availability of local cancer treatment and services to be of critical importance. In general, women have traditionally been in lower paying positions and this may account for the greater importance they place on access to financial assistance programs. Similarly, women typically assume the role of caretaker within the family structure and this role may prompt them to place greater emphasis on access to local supports.

As would be expected, respondents with lower household income were more apt to perceive awareness of financial assistance programs and access to cancer treatment and services close to home as critically important. Given that education is tied closely to income, it is not surprising to learn those with lower education levels were also more likely to identify these areas as being critically important.

It is important to note that, aside from women, those with lower household incomes, as well as lower education levels are more likely to view the involvement of the family physician as

important. Similarly, the likelihood of perceiving the involvement of the family doctor increases with age.

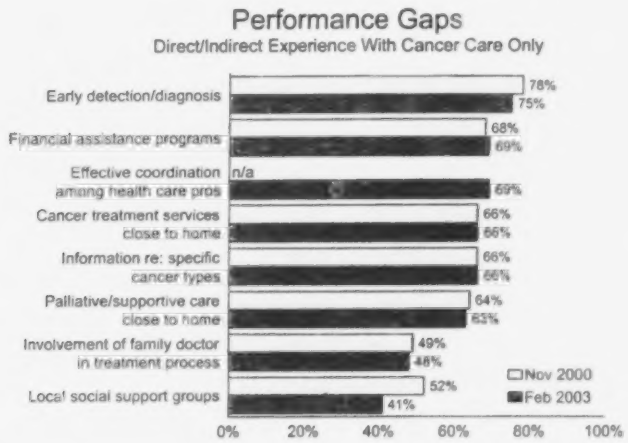
Gap Analysis

The extent to which patients and family members' expectations are being met have for the most part remained stable over the past two years.

A gap analysis is a technique that enables us to understand what the public considers to be critically important in terms of cancer care and the system's performance in these areas of importance. A gap analysis is done by identifying the critically important factors and then examining the percentage of those surveyed who were less than completely satisfied with those factors. By doing this, it can be determined what percentage of those surveyed are less than completely satisfied with these essential factors of service that are considered critically important.

To fully understand any differences in expectations and the level of service received among those who have had a direct or indirect experience with the province's cancer care system a gap analysis was performed. The following section outlines the results of the gap analysis for each of the previously mentioned key service factors. When interpreting the results of the gap analysis, it is important to keep in mind the emotions and fears associated with a cancer diagnosis. The public's service expectations are high and all the service aspects presented were seen as being of critical importance to people. Given the importance placed on these aspects of care, it is not surprising to find above average gaps in performance, and this should be expected given the nature and the emotions associated with the service being sought and subsequently provided.

The results of the gap analysis confirm that relative to the other performance areas, **early detection and diagnosis** is still the key area that presents the greatest gap between public expectations and actual performance, as it was in the previous study. The vast majority (96%) of those respondents who have had a direct or an indirect experience with the cancer care system rank early detection and diagnosis as a critically important factor. However, approximately 78 percent of these same respondents who considered this factor to be critically important were less than completely satisfied with the timeliness of their or their loved one's diagnosis. This results in a performance gap of 75 percent, that is, three-quarters of all respondents consider early detection and diagnosis to be critically important, but are less than completely satisfied with this aspect of cancer care in the province. The gap score for early detection and diagnosis has not changed substantially from the 78 percent gap observed in November 2000.



To a slightly lesser extent, **access to financial assistance programs** shows one of the greatest gaps between patient/family expectations and the service received. Three-quarters (75%) of patients/family members identified this as a critically important aspect of cancer care. Of these same respondents, 93 percent were less than completely satisfied with their access to financial assistance programs. As a result, 69 percent considered it to be critically important, but were less than completely satisfied with this aspect of their care. This is comparable with the 68 percent gap observed in the previous study for this factor.

In the current study, one new aspect of care was evaluated, namely, the **effectiveness of coordination among health care professionals that are involved in care**. The majority (86%) viewed this aspect of care as critically important, however, 80 percent of these individuals were not completely satisfied with care received in this regard. This results in a gap of 69 percent, making it one of the top three gaps in cancer care in the province.

The gap score for **access to cancer treatment and service close to home** has not changed since the previous study and remains at 66 percent. More specifically, 83 percent of patients and family members identified this aspect of service as critically important in their care. Of these individuals, 80 percent are less than completely satisfied with their ability to access cancer treatment and services close to their home.

The gap score for **access to information regarding specific cancer types and treatment options** has also remained steady since the previous study and stands at 66 percent. To elaborate, eight in ten (82%) cancer patients or their family members consider having access to information regarding specific cancer types and treatment options to be a critically important of their treatment process. At the same time, eight in ten (80%) of these same individuals were less than completely satisfied with their ability to access this type of information.

The vast majority (80%) also identifies **access to palliative or supportive care locally** as a critical component of cancer care. Of these same respondents, 79 percent are less than completely satisfied with the availability of palliative care services locally. This results in a gap score of 63 percent, compared with the 64 percent observed in the previous study.

Patients and family members' expectations are being better met with respect to the involvement of **family physicians in the treatment process**. Seven in ten (72%) patients and their family members considered the involvement of their family doctor to be an important component of the treatment process. Of these individuals, 66 percent were less than completely satisfied with their family doctor's involvement with their treatment. Consequently, one-half (48%) considered it to be critically important, but were less than completely satisfied with this aspect of their treatment process, virtually unchanged from the 49 percent in the previous study.

Awareness and access to local support groups is the only area that has seen substantial change over the past two years. In November 2001, the gap in service for this area was 52 percent. At that time, six in ten (62%) consider access to social support systems locally to be an important component of cancer treatment. Of these individuals, 84 percent were not completely satisfied with their ability to gain access to such support systems locally. Currently, a lower proportion of patients/family members (49%) consider this aspect of service to be critically important. However, the proportion who are less than completely satisfied has not changed and stands at 84 percent. This results in a gap of 41 percent, currently the lowest gap among all the aspects of service evaluated.

The Patient Navigator Program

Awareness of Patient Navigators is limited, however, this service is viewed positively among those who have direct or indirect experience with this resource.

In fall 2001, *CCNS* launched its Patient Navigation Program in three early adopter District Health Authorities. These districts included Southwest Nova, Pictou County, and Guysborough County, Antigonish, and Strait. Patient Navigators work to support family physicians and others, while ensuring that cancer patients and their families have the information, knowledge, and support they require as they journey through the cancer system.

Given that the Patient Navigation Program has been in existence for more than a year, *CCNS* was interested in assessing public awareness of this program, not only in the three early adopter DHAs, but throughout the province. As part of *CCNS*'s 2003 Public Opinion Survey, all respondents were asked if they ever heard of a health professional called a patient navigator. Overall, 15 percent of respondents indicated that they had heard of such a person, while the remainder had not. (Table 23a)

As would be expected, differences in awareness of patient navigators varied by District Health Authorities. Given that the Patient Navigator Program is only available in three District Health Authorities, it is not surprising to learn that respondents in each of Southwest Nova DHA (21%), Pictou County DHA (26%) and Guysborough Antigonish and Strait DHA (22%) are slightly more apt to be aware of this program. No other differences by demographic variables were observed.

Respondents who expressed awareness of patient navigators, were further asked if they or anyone they knew ever used the services of a patient navigator. Just over one-third (37%) either used the services of a patient navigator themselves or knew someone who had used this service. (Table 23b)

The overall sample size for this question was quite small (n=148) and caution should be exercised when observing trends and differences across the demographic categories. Saying that, a significant difference was noted between income levels, with those having household incomes less than $50K being more likely to have availed of this service.

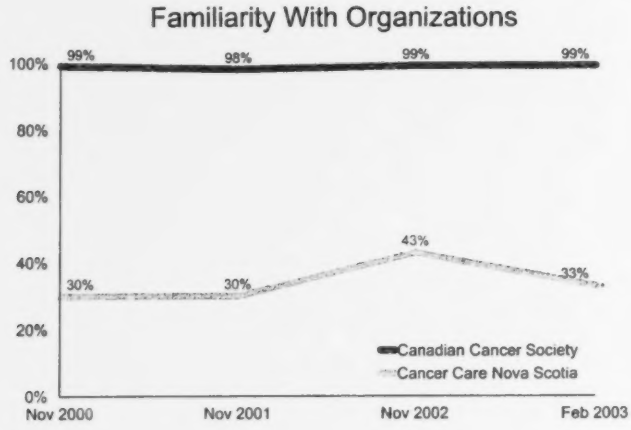
Those who have had a direct or indirect experience with the Patient Navigator Program have a positive impression of this service. Three-quarters (76%) had a very favorable impression of the services provided by the patient navigator and the remainder (23%) had a generally favorable impression. (Table 24)

Awareness of *Cancer Care Nova Scotia*

Public awareness of CCNS is marginal, and the public has difficulty in articulating the function of CCNS.

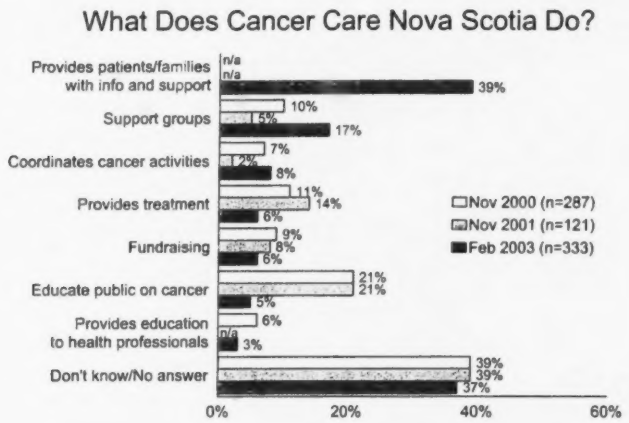
The Canadian Cancer Society (CCS) is a well-established organization both locally and internationally that has a solid brand image. Widespread public recognition of CCS was confirmed by this study with practically all respondents (99%) indicating their awareness of CCS. (Table 25a)

In contrast to the CCS, substantially fewer Nova Scotians continue to recognize *CCNS*, with one-third recognizing *CCNS*. (Table 25b)



In November 2002, *CCNS* experienced a sizable increase in terms of public awareness, however, the current measure of awareness is more in keeping with those previously obtained. It is plausible that the measure of *CCNS* awareness in November 2002 is a reflection of a historical effect, meaning some event that occurred around or at the time the measure was taken influenced respondents' awareness of *CCNS*. Possibly, *CCNS* received a greater degree of media coverage at the time the survey was conducted or the organization was holding a major event or seminar that somehow heightened public awareness of the organization at this time.
Across the demographic categories, residents of Pictou County DHA (46%) and Guysborough Antigonish and Strait DHA (43%) are most likely to recognize *CCNS*. This is an interesting finding, given that the Patient Navigation Pilot Program is present in these districts and may possibly be somehow contributing to greater overall awareness of the organization. In addition, those aged 35 and older and those whose household income is in excess of $50K are more likely to recognize *CCNS*.

Those who recognized *CCNS* were asked, "What does *CCNS* do?" In keeping with the findings of the 2000 study, four in ten (37%) respondents who have heard of *CCNS* are still unable to identify a single activity of *CCNS*. It is evident the public continues to be unaware of *CCNS*'s mandate and role. (Table 26)



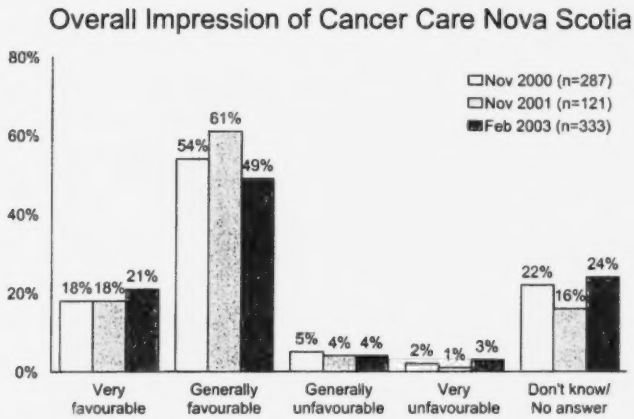
While many still remain unclear of *CCNS*'s activities, it is important to note that four in ten (39%) believe *CCNS* provides patients and families with information and support. In addition, close to two in ten (17%) associate support groups with *CCNS*, while 8 percent believe the organization coordinates cancer care activities in the province. No other role was mentioned by more than 6 percent. (Table 26)

Overall Impression and Importance of Roles of *CCNS*

There continues to be strong support for the various roles of CCNS.

Perceptions of *CCNS*

Among those aware of *CCNS*, the majority (70%) continues to hold a favorable opinion of *CCNS*, while one-quarter are unable to provide a definite impression of the organization. Residents of Southwest Nova DHA and those with high school education or less were most likely to have such a favourable impression. (Table 27)



CCNS is perceived as an organization that provides assistance and services to those in need and it is this perception that serves to prompt Nova Scotians to have a positive view of this organization. Like the 2000 study, many respondents noted that they personally know someone who has benefited from *CCNS*, while others indicated they have 'heard good things' about *CCNS*. No other reason was identified by more than 14 percent. (Table 28)

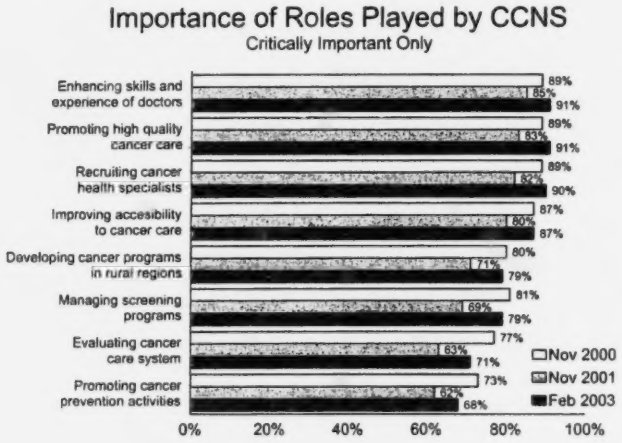
Of interest, impressions of *CCNS* do not differ significantly according to whether a person or a family member has had an experience with cancer. However, perception of *CCNS* does vary according to perception of the overall quality of cancer care in Nova Scotia. More specifically, as perception of the overall quality of cancer care improves, so does perception of *CCNS*. For example, 86 percent of those who rate the quality of cancer care in Nova Scotia as excellent hold a favourable view of *CCNS*, while only 63 percent of those who rate the quality of cancer care as poor hold a favourable view of *CCNS*. Having said that, the finding that 63 percent of those who think the cancer care system is poor still hold favourable views of *CCNS* is notable, suggesting they recognize *CCNS* as a positive entity despite shortfalls in the cancer care system.

Role of *CCNS*

Within the scope of its mandate, *CCNS* has a number of specific roles pertaining to prevention, detection, and treatment of cancer. In assessing public opinion, it is important to examine public opinion with regard to *CCNS*'s involvement in each of these roles. As in the 2000 study, eight distinct roles were once again presented for evaluation. They are promoting high quality cancer care, improving accessibility to cancer care in Nova Scotia, evaluating the province's cancer care system, promoting cancer prevention activities at the community level, recruiting cancer health specialists to the province, professional/continuing education, managing provincial screening programs, and developing programs and services to be offered in rural areas.

In keeping with the findings of the 2000 study, the overwhelming majority feels that *CCNS* has a significant contribution to make. In particular, the overwhelming majority continues to believe

CCNS has a critically important role to play in promoting high quality cancer care, enhancing the skills and experience of professionals with respect to cancer detection and treatment, and the recruitment of cancer health specialists. Likewise, improving access to cancer care, managing provincial screening programs, developing programs and services for the rural areas, and evaluating the system are also believed to be important activities that fall within the mandate of *CCNS* by at least seven in ten respondents. Promoting prevention activities at the community level was seen as a critical role for *CCNS* by two-thirds of residents. (Table 29a-h)



As many Nova Scotians considered the roles presented to be critically important for *CCNS* to fulfill, there was minimal demographic variation. Saying that, it is worth noting that females and those with less than a high school education were most likely to perceive the management of the province's cancer screening programs as a critical role for *CCNS* to fulfill. *CCNS*' Gynaecological Cancer Screening Programme actively recruits women through a variety of media, which may have influenced the attention afforded this role by female respondents.

When asked "What other areas, if any, should *Cancer Care Nova Scotia* be actively involved in?" six in ten (62%) continue to be unable to provide a definite response to this question. The remainder provided a variety of answers to this question, with no other response being identified by more than 4 percent. (Table 30)

Study Methodology

Questionnaire Design

The questionnaire used in the previous study, which was designed by CRA in consultation with *CCNS*, was again used in the current study. However, some modifications were made to reflect changes in current issues. Prior to being finalized, the survey was pre-tested on a small number of respondents to ensure the appropriateness of the questions and response categories.

Sample Design and Selection

The sample was drawn using systematic sampling procedures from listed telephone numbers in the province, drawn from a database that is updated quarterly. The sample was stratified by the province's nine District Health Authorities. More specifically, 100 respondents were included from each of the District Health Authorities, except Capital Health DHA where 200 were included. Data were weighted to reflect the actual population distribution across the province before analyses were conducted.

Survey Administration

The survey was conducted by telephone with 1,007 individuals from January 31 to February 13, 2003 from Corporate Research Associates' data collection facilities in Halifax. All interviewing was conducted by fully trained and supervised interviewers, and a minimum of 10 percent of all completed interviews was subsequently verified. Up to five callbacks were used to reach selected respondents who may not have been available at the time of the call to ensure an appropriate distribution of households across the province. The average length of time required to complete an interview was 16 minutes.

Completion Results

A total of 1,007 Nova Scotians were interviewed as part of this survey. Among all eligible respondents who could be contacted during the interview period, the response rate was 32 percent. The response rate is calculated as the number of completed interviews (1,007), divided by the total number of numbers dialed (8,743) minus ineligible numbers (1,088) and those respondents who could not be reached during the interview period (4,555). The final disposition of all telephone numbers dialed is shown on the following page.

COMPLETION RESULTS	
A. Total Numbers Attempted	**8,743**
Not in service	867
Fax/Modem	116
Cell phone/pager	4
Business/Wrong Number	91
Duplicate/Blocked Number	10
B. Total Eligible Numbers	**7,655**
Busy	81
Answering machine	1,937
No answer	1,906
Language	26
Illness/incapable	122
Qualified respondent not available/callbacks	483
C. Total asked	**3,100**
Household refusal	763
Respondent refusal	1056
Terminated	106
D. Cooperative Contacts	**1,175**
Disqualified	6
Quota full	162
Completed interviews	**1,007**
Response Rate	**32%**